No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6845

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 1728

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4218a Athlone Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas J. O'Malley

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Keller

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 13 (Day) 1892 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 6 | 6 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Self

FATHER
12. Name John O'Malley
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Cavanaugh
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Irene O'Malley Wife
(b) Address 4218a Athlone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis, Avenue

19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1948 hour 2:23 minute A M.

21. I hereby certify that I attended the deceased from 30 January 1948, to 19 Feb. 1948; that I last saw him alive on Feb. 18 11 P.M. 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, right — Duration 4 hrs.

Due to Hypertension, uremia, chronic — 7 1/2 months

Due to Chronic arteriolar nephrosclerosis with chronic glomerular nephritis — yrs.

Other conditions Coronary artery sclerosis arteriosclerosis, generalized.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral Hemorrhage, right into ventricles

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph C. Edwards (M. D. or other)

Address 3920 Washington Blvd. Date signed 2/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr J. T. Edwards
Beaumont Bldg.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Glen W. Hall

Licensed Embalmer No. (P) 3737

P. O. Address 1926 St. Louis Ave

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.